

BILLING PROVIDERS

Dates of Processing Prior to March 1, 2008

Any organization wishing to act as the financial representative for any provider or group of providers who have authorized this arrangement may register as a Group Billing provider.

Each service provider using the group billing arrangement must register as an AHCCCS provider and must sign a group billing authorization form. The authorization form is available from the AHCCCS Provider Registration Unit. The service provider's AHCCCS provider ID number must appear on each claim, even though a group billing number may be used for payment.

Each provider remains affiliated with the authorized group until the provider furnishes written notification to Provider Registration indicating termination of the group billing arrangement.

The following examples illustrate how claims would be processed and reimbursed in the specific situations:

Example:

Provider 111111-01 is in private practice and also works as a contract physician for a hospital. The hospital service provider ID# is 020000-01 and the hospital group billing ID# is 600000-01.

For services the provider furnishes in his/her private practice:

Provider ID# 111111-01 is entered in the PNI# section of Field 33 of the CMS 1500 claim form. The GRP# section of Field 33 will be blank. Reimbursement is sent to the physician's pay-to address.

For services the provider furnishes under contract to the hospital for which the hospital bills:

Provider ID# 111111-01 is entered in the PIN# section. The hospital billing ID 600000-01 is entered in the GRP# section reimbursement is made to the hospital's group biller pay-to address.

Dates of Processing On and After March 1, 2008

For processing dates on and after March 1, 2008 AHCCCS has made modifications to PMMIS in regard to providers received on claims as the Billing Provider. The billing provider is defined as:

Billing Provider Definitions:

AHCCCS

The "Pay-To" provider associated in the AHCCCS system [PMMIS] with the Rendering provider. The entity/person who will receive the check/wire/remit.

CMS-1500 [08/05], Item Number 33

The billing provider's or supplier's billing name, address, zip code and phone number refers to the billing office location and telephone number of the provider or supplier. Item 33 identifies the provider that is requesting to be paid for the services rendered.

UB-04, FL01

The name and service location of the provider submitting the bill.

ADA Dental Claim Form, Data Element 48

The individual dentist's name or the name of the group practice/corporation responsible for billing and other pertinent information. This may differ from the actual treating dentist's name. This is the information that should appear on any payments or correspondence that will be remitted to the billing dentist.

837 004010A1, Professional, Institutional and Dental Claim forms

2000A – Billing/Pay-To Provider Hierarchical Level:

Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Note 2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

In addition to allowing any organization wishing to act as a financial representative for any provider or group of providers who has authorized this arrangement to register as a Group Biller with AHCCCS (and receive a separate Group Billing AHCCCS registration number), the billing provider process has been modified to allow a service provider to act as a financial representative for another single service provider or a group of service providers. Providers who act in or participate in this capacity are still required to register with AHCCCS and sign a group biller authorization form.

Each service provider using either billing provider arrangement (as noted above) must register as an AHCCCS provider and must sign a Billing Provider Authorization Form. The authorization form is available from the AHCCCS Provider Registration Unit. The service (rendering) provider's NPI number must appear on each claim, even though a billing provider NPI (as noted above) may be used for payment.

Each service (rendering) provider remains affiliated with the authorized billing provider arrangement until the service (rendering) provider furnishes written notification to Provider Registration indicating termination of the billing arrangement.

If a provider has multiple locations, the provider may have multiple billing provider associations.

A Service/Rendering Provider is defined as:

Service/Rendering Provider Definitions:

AHCCCS

A servicing [rendering] provider is the provider who actually performed the services for/to an AHCCCS eligible member. For purposes of AHCCCS claims submissions, the servicing [rendering] provider cannot be an AHCCCS registered provider type of "01" – Group Billing Entity. In PMMIS the Group Billing Entity is not an actual health care service provider, but rather a placeholder under which health care service providers were

grouped. Health care service providers were associated with the group and one check was produced and paid to the Group Billing Entity.

CMS-1500 [08/05], Item Number 24J, if not the same as 33

The Rendering Provider is the person or company [laboratory or other facility] who rendered or supervised the care.

UB-04, FL01

The name and service location of the provider submitting the bill.

ADA Dental Claim Form, Data Element 53

The treating, or rendering, dentist's signature and date the claim form was signed. [The ADA Dental Claim form does not contain a place for the treating dentist name separate from the signature line.]

837 004010A1, Professional

AHCCCS recognizes the rendering/servicing provider from the electronic 837 professional claim depending on how the transaction was created. Starting at the "bottom" of the transaction the rendering provider may be:

2420A – Rendering Provider Name

Note 2.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

AHCCCS NOTE:

AHCCCS does not recognize multiple rendering providers on one claim. If the line level rendering provider is different from the claim level rendering provider, separate claims must be submitted for payment. Claims submitted with multiple rendering providers will be accepted by AHCCCS, but denied within the adjudication system.

OR

2310B – Rendering Provider Name

Note 3:

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Note 4.:

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

OR

2000A – Billing/Pay-To Provider Hierarchical Level:

Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Note 2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care

provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

AHCCCS NOTE:

If the rendering provider and the billing provider are one and the same, the rendering/billing provider MUST be a registered AHCCCS provider with an AHCCCS Registered Provider Type that allows the services performed to be provided by that provider type.

837 004010A1, Dental

AHCCCS recognizes the rendering/servicing provider from the electronic 837 Dental claim depending on how the transaction was created. Starting at the “bottom” of the transaction the rendering provider may be:

2420A – Rendering Provider Name

Note 2.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider than what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

AHCCCS NOTE:

AHCCCS does not recognize multiple rendering providers on one claim. If the line level rendering provider is different from the claim level rendering provider, separate claims must be submitted for payment. Claims submitted with multiple rendering providers will be accepted by AHCCCS, but denied within the adjudication system.

AHCCCS does not recognize the Assistant Surgeon Name Loop [2420C] within the 837 Dental transaction.

OR

2310B – Rendering Provider Name

Note 3:

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

OR

2000A – Billing/Pay-To Provider Hierarchical Level:

Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service. Or some other representative of the provider.

2010AA – Billing Provider Name:

Note 2. Although the name of this loop/segment is “Billing Provider” the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However. Some payers do not accept claims from non-provider billing entities.

AHCCCS NOTE:

If the rendering provider and the billing provider are one and the same, the rendering/billing provider MUST be a registered AHCCCS provider with an AHCCCS Registered Provider Type that allows the services performed to be provided by that provider type.

The following examples illustrate how claims would be processed and reimbursed in the specific situations:

Example:

Dr. Jones is registered as a Physician under NPI# 9999999999. Dr. Jones has a Physician Assistant that is also registered with AHCCCS and rendering services under NPI# 1111111111.

For services rendered by Physician:

Dr. Jones will complete Field 33 with NPI# 9999999999. Reimbursement is sent to providers pay-to address.

Services rendered by Physician Assistant being billed by Physician:

The Physician's Assistant will insert the NPI# 1111111111 in Field 33 under PIN#. Dr. Jones's NPI# 9999999999 will also show in the Field ## under GRP#. Reimbursement will be payable and delivered to Dr. Jones's pay-to address.